

Application Form

**Arkansas Agriculture Department
Aquaculture Division
Mail Slot 4912
1200 North University Drive
Pine Bluff, AR 71601**

**2005-2007 Catfish Feed
Disaster Grant Program**

All applications must be received in the Arkansas Agriculture Department office on or before November 12, 2007 and must be accompanied by a completed Federal Form W-9. Please print or type.

Name of Applicant: _____
Must match name and Tax Payer Identification number on Form W-9

Address of Applicant: _____

City: _____, State: _____, Zip: _____

Phone: area code () _____ - _____

Name of Contact, if different from applicant: _____

FSA Disaster Designation Number(s) _____

Start Date: ____/____/____ End Date: ____/____/____

County or counties where catfish feed loss occurred: _____

Calendar year for which applicant is electing to request disaster assistance: **200**__

The amount of assistance eligible catfish producers may received shall be equal to the lesser of:

A. Value of the producer's eligible losses in elected calendar year: _____

B. Tons of catfish feed purchased in elected calendar year: _____

Times one of the appropriate payment rates listed below: x _____

(For 2005 use \$24. For 2006 use \$26. For 2007 use \$29.)

Equals: _____

Attach the following to this application before submitting:

1. Documentation to prove claimed losses.
2. Signed statement from feed provider swearing to tons of feed applicant purchased in elected calendar year.
3. Copy of FSA form number CCC 526 filed in elected calendar year.
4. Copy of current FSA form number 1026.

Certifications:

I hereby certify all information provided in and with this application to be true and correct and;

1. I raise catfish in a controlled environment and maintain catfish for commercial use as part of a farming operation and have a risk in the production of such catfish.
2. I have not already received and will not receive assistance covered by any other Federal program for the same catfish feed loss.
3. The AAD may, at any reasonable time, audit any records necessary to confirm any statement made in this application or in any accompanying attachments.

Authorized Signature: _____ Date: _____